

***Strengths Evaluation of Family Team
Meetings
Within the Context Used by the
Cabinet for Health and Family Services***

welcome

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SW 669: Advanced Research
Practice II***

INTRODUCTION

- This research study examined perceived strengths of Family Team Meetings (FTMs) by staff employed by the Cabinet for Health and Family Services (CHFS).
- Two questionnaires were used in this study identifying independent variables such as county in which the staff is employed, age, and gender as well as work and educational experience
 - Qualitative: requested feedback regarding staff's experiences with FTMs, perceived strengths, and needed changes or additions
 - Quantitative: rated the perceived success of specific outcomes from FTMs by CHFS staff.
- Information obtained from the study will be used to identify staff's knowledge of FTMs and their outcomes as well as will be used to improve FTMs as they are used by CHFS.

Quantitative Research Questions

- ✿ *What perception does staff between the ages of 20-25 have of FTMs relating to how they improve the wellbeing of families in their case loads?*
- ✿ *What percentage of female staff perceived FTMs to support families in their case loads?*
- ✿ *What perception does staff, who have work experience of 3-5 years, have of FTMs relating to the reduction of duplication of services for families in their case loads?*

Design and Sample

■ *Design: pre-experimental, one-shot case study, cross-sectional*

**Used questionnaires with a comparison group*

■ *Sample: purposive non-probability*

** Population Sample : Protection and Permanency staff from the KIPDA Rural/Salt River Region of the CHFS comprising of approximately 42 staff from six different counties: Oldham, Bullitt, Henry, Spencer, Trimble, and Shelby as well as Protection and Permanency staff from the Big Sandy Region of the CHFS comprising of approximately 84 staff from five different counties: Floyd, Johnson, Magoffin, Martin, and Pike.*

**Study Sample: 13 staff from Bullitt, Henry, Shelby, Magoffin, and Martin Counties*

Results

Q: What perception does staff between the ages of 20-25 have of FTMs relating to how they improve the wellbeing of families in their case loads?

Count		IMPROVE WELLBEING					Total
		Strongly disagree	2	3	4	strongly agree	
AGE	20-25	0	0	2	0	0	2
	26-31	1	1	1	1	0	4
	32-37	1	0	0	0	0	1
	38-43	0	0	2	0	0	2
	50-55	1	0	1	0	0	2
	56+	0	0	0	1	1	2
Total		3	1	6	2	1	13

Results

Q: What percentage of female staff perceived FTMs to support families in their case loads?

A: 53.9%

		SUPPORT				Total
		Strongly disagree	3	4	strongly agree	
GENDEF Male	Count	1	0	2	0	3
	% of Total	7.7%	.0%	15.4%	.0%	23.1%
Female	Count	2	1	6	1	10
	% of Total	15.4%	7.7%	46.2%	7.7%	76.9%
Total	Count	3	1	8	1	13
	% of Total	23.1%	7.7%	61.5%	7.7%	100.0%

Results

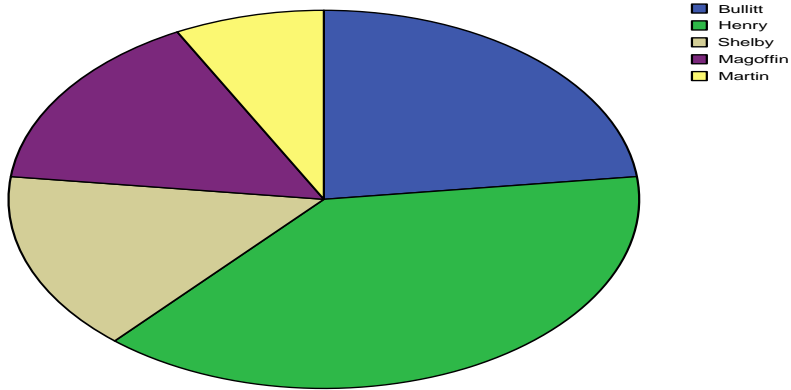
Q: What perception does staff, who have work experience of 3-5 years, have of FTMs relating to the reduction of duplication of services for families in their case loads?

A: Most tend to disagree that FTMs reduce

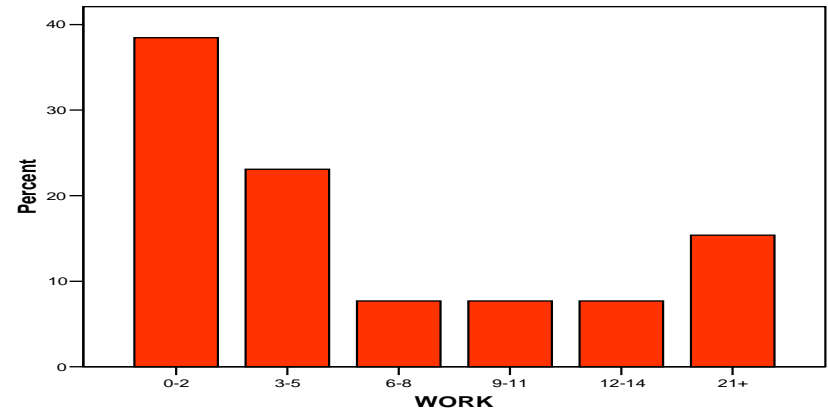
Count		REDUCE DUPLICATION OF SERVICES					Total
		Strongly disagree	2	3	4	strongly agree	
WORK	0-2	2	1	0	2	0	5
	3-5	1	1	0	1	0	3
	6-8	0	1	0	0	0	1
	9-11	0	0	1	0	0	1
	12-14	1	0	0	0	0	1
	21+	0	0	0	1	1	2
Total		4	3	1	4	1	13

Frequencies

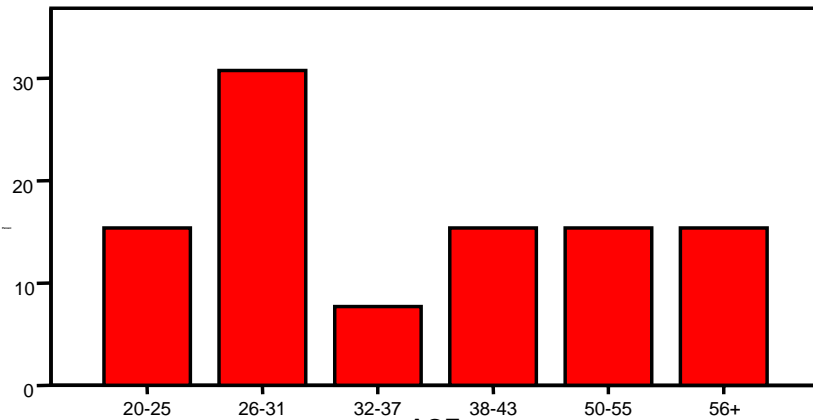
COUNTY



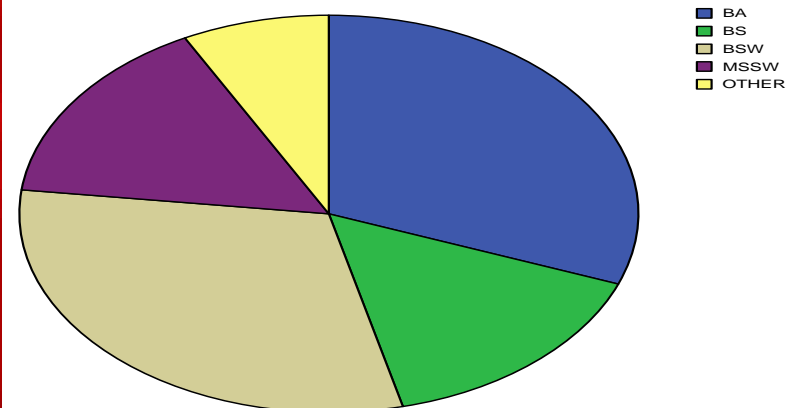
WORK



AGE



EDUCATION



Discussion

- The areas that this study appeared to highlight as the **most effective** outcomes of Family Team Meetings according to the perception of staff included: **community partnership, support, and increase access of services.**
- The areas that this study appeared to highlight as the **least effective** outcomes of Family Team Meetings according to the perception of staff included: **reduce duplication of services and comprehensive solutions.**

Qualitative Research Questions

- What are your **positive** experiences with FTMs?
- What are your **negative** experiences with FTMs?
- What strengths have you observed from FTMs?
- What could be added to strengthen FTMs?
- What changes would you suggest to strengthen FTMs?

Design and Sample

- ✧ Design: narrative study, based on a survey of staff
- ✧ Sample: purposive non-probability
 - ✧ Population Sample: Protection and Permanency staff from the KIPDA Rural/Salt River Region comprising of 18 staff from six different counties: Shelby, Henry, Trimble, Spencer, Bullitt, and Oldham (three staff from each county)
 - ✧ Study Sample: 8 staff from Henry, Bullitt, and Shelby Counties

Results

- What are your **positive** experiences with FTMs?

- "open discussion... from various perspectives...and planning... to resolve issues"
- Discovery of and help from extended family members
- "...empowering families and letting them know...they are valued"
- Working as a team positively
- "...foster more of a feeling of cooperation..."
- Learn about and engage community partners
- "visitation schedules developed and revised"
- Frank discussion
- "...provided...ideas, assistance, and support"

- What are your **negative** experiences with FTMs?










- "time consumption, repetitious"
- No one wants to participate or attend
- "community partners...bully others to get what they want"
- Not another meeting
- "hard to coordinate"
- Negative and emotional
- "...there needs to be a better criteria to determine what cases they are needed in"
- Family and staff see no need or benefit
- "...often required a great deal of extra work with minimal results"
- No new ideas are developed
- "overall...the positive far outweighs the negative"

Results

- What strengths have you observed from FTMs?
- "...community partners...contribute a great deal"
- FTMs are positive and create empowerment and support for families
- "...this approach is well received among families that always think the Cabinet is out to get them"
- Face to face contact
- "...low pressure environment..."
- Team work approach
- "...families become emotional and make connections..."
- More information obtained and assistance received
- What could be added to strengthen FTMs?
- "the family decide if the meeting should occur or not"
- Education about the benefits
- "information sheets or cards...to facilitate contact with...parents...DCBS worker...community partners..."
- Sufficient training for staff
- "less frequency of meetings"
- More time
- "no improvements...when a family really needs help, they can be a positive tool...however, I don't think it was necessary for some of the families I have worked with"

Results

What changes would you suggest to strengthen FTMs?

-  “make them optional...”
-  Ensure that everyone follows through with the plan
-  “...should not be held as often...”
-  Find a way to increase attendance and participation
-  “...should *not* be viewed as a means of accessing or providing reliable services but more as a means of informing community partners of the situation”
-  Ensure for continued services after case closure by community partners
-  “...be able to contact someone from our agency to provide these services rather than someone from a contracted provider”
-  “having someone else consistently run t hem”
-  Make them easier to coordinate

Discussion

■ Themes regarding strengths of FTMS:

- team work approach
- positive interactions with families

■ Themes regarding weaknesses of FTMS:

- Time consumption
- Lack of participation and involvement
- No perceived or anticipated benefits for either family or staff

■ Themes regarding change:

- Education and training
- Make them truly voluntary for both families and staff
- Make sure plans have follow up attention

conclusion

- low return rate of the questionnaires
- Possible overall either pessimistic or optimistic perceptions
- staff answered “neutral” to many of the questions
- Overall, FTMs seem to be perceived, for the most part, as an effective tool within the confounds used by the Cabinet for health and family services.